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ABSTRACT

"Utilization of Skills in the Care of Patients with Deviations in Psychosocial Adaptation" (NS 207) is an associate degree nursing course offered at Chattanooga State Technical Community College. The course stresses the individual as a system in his/her psychosocial adaptation to internal and external stressors, and highlights the nurse's roles of communicator, patient teacher, and planner and coordinator of patient care. The course syllabus for NS 207 begins with information on class, laboratory, and credit hours; prerequisites; textbooks; week-by-week course content; course competencies; evaluation criteria; and curriculum coding. The bulk of the syllabus presents objectives, textual information, assignments, and questions keyed to the textbook for each of the five course units. The units focus on: (1) an overview of nursing care for patients with deviations in psychosocial adaptation; (2) promotion, maintenance, and/or restoration of psychosocial adaptation; (3) theories of behavior and implications for utilization of skills; (4) health deviations associated with substance abuse; and (5) resources available to the nurse in practicing the role of planner and coordinator of patient care. A rating instrument for clinical behaviors concludes the syllabus. (EJV)

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UTILIZATION OF SKILLS IN THE CARE OF PATIENTS WITH DEVIATIONS IN PSYCHOSOCIAL ADAPTATION (NS 207): COMPETENCY-BASED COURSE SYLLABUS

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JC 850 480

COURSE SYLLABUS

Utilization of Skills in the Care of Patients
with Deviations in Psychosocial Adaptation

NS 207

Class Hours: 4 Credit Hours: 7

Laboratory Hours: 9

Catalog Course Description:

This course will stress the individual as a system in his psychosocial adaptation to internal and external stressors. The practice roles of communicator, patient teacher, and planner and coordinator of patient care will be stressed within the framework of the decision-making process.

Prerequisite(s):

NS 139 or equivalent,
PY 210 or equivalent

Textbook(s) and Other Reference Material Basic To The Course:

1. Hahn, Berkin and Oestrich, Pharmacology in Nursing, 15th Edition, C. V. Mosby, 1982.
2. Mereness' Essentials of Psychiatric Nursing, 11th Edition, C. V. Mosby, 1982.
3. Phipps, Long & Woods, Medical-Surgical Nursing, 1st Edition, C. V. Mosby, 1979.

I. Course Content

Week/Unit/Topic:

1	Class 1	Unit I	Overview of Nursing Care for Patients with Deviations in Psychosocial Adaptation A) Historical Perspectives of Psychosocial Deviations B) Models of Care for Patients Experiencing Psychosocial Health Deviations and Nursing Role Implications: Therapeutic milieu
	Class 2	Unit I	C) System Development and Associated Development Stressors D) Use of the Nursing Roles of Communicator, Teacher and Planner, and Coordinator of Patient Care to Promote, Maintain or Restore Psychosocial Adaptation via a Therapeutic Environment
2	Class 1	Unit I	E) Use of the Decision-Making Process to Design a Nursing Care Plan for Patients with Psychosocial Deviations F) Implementation of the Nursing Care Plan to Provide a Safe Environment for Patients with Psychosocial Deviations of Adaptation: Physical Safety and Ethical/Legal Implications of Privacy Rights
	Class 2	Unit II	Promotion, Maintenance, and/or Restoration of Psychosocial Adaptation through Administration of Chemo-Therapeutic Agents and Psychosocial or Physical Therapies
3	Class 1	Unit II	Promotion, Maintenance and/or Restoration of Psychomotor Adaptation through Administration of Chemo-Therapeutic Agents and Psychosocial or Physical Therapies - continued
	Class 2	Unit II	continued
4	Class 1	EXAM UNITS I, II	
	Class 2	Unit III	Theories of Behavior and Implications for Utilization of Skills in the Care of Patients with Psychosocial Deviations of Adaptation A) Deviations of Feeling States

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I. Course Content - continued

Week/Unit/Topic:

5	Class 1	Unit III	Theories of Behavior and Implications for Utilization of Skills in the Care of Patients with Psychosocial Deviations of Adaptation - continued B) Stressors and Psychosocial Deviations of Crisis
	Class 2	Unit III	B) continued C) Deviations of Thinking States 1) Mental Mechanisms/Defense Mechanisms 2) Depressive States 3) Neuroses 4) Psychoses (OBS, Schizophrenia)
6	Class 1	Unit III	C) continued
	Class 2	Unit III	C) continued
7	Class 1	Unit III	C) continued D) Psychophysical Deviations of Adaptation
	Class 2		Exam Unit III
8	Class 1	Unit IV	Health Deviations Associated with Substance Abuse A) Anorexia Nervosa — food intake or B) Bulimia — nutritional abstinence
	Class 2	Unit IV	A & B) continued C) Drugs D) Alcohol
9	Class 1	Unit V	Resources Available to Assist the Nurse Practice Role of Planner and Coordinator of Patient Care
	Class 2	Unit V	Continued A) Levels of Intervention
10	Class 1		Review/NLN Examination
	Class 2		Comprehensive Final

II. Course Competencies

Upon completion of this course, the student will be able to:

28) Apply the five phases of the decision making process in the delivery of nursing care for holistic man focusing on implementation.

1 29) Describe various treatment modalities used in the care of patients with psychosocial health deviations

1,2,3,4 30) Demonstrate ability to adapt the practice roles of communicator, patient teacher and planner and coordinator of patient care in direct care of patients with deviations in psychosocial adaptation.

1 31) Recognize the effects of external and internal stressors on the pschosocial subsystem of the holistic man.

5 32) Manage the care of one patient experiencing a psychosocial health deviation.

.,2 33) Adapt communicative skills as required to establish and maintain a therapeutic relationship with a patient experiencing a psychosocial health deviation.

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II. Course Competencies - continued

1,3 34) Specialize teaching-learning strategies with patients experiencing psychosocial health deviations.

1 35) Describe signs and symptoms of various psychosocial deviations of adaptation.

III. Specific Evaluation Process Whereby the Achievement Will be Measured:

A. Testing procedures:

Exams: 3 covering specified units (objective/discussion)
1 comprehensive final (objective/discussion)

An academic average of 70% on the nursing examinations in each course is required for progression.

B) Laboratory Expectations:

Clinical Laboratory: A student must receive a "safe" evaluation in the clinical setting for progression. An "unsafe" evaluation will result in the student not being able to progress regardless of the academic average.

C) Field Work:

Satisfactory completion of assigned process recordings from clinical experience.

D) Other evaluation methods (off-campus evaluation processes, standardized testing, etc):

One (1) NLN Comprehensive Examination

E)

Average of unit examinations	50%
Final Examination	25%
Field work process recordings	25%
Final Course grade	100%

F) Grading Scale:

90% - 100% = A
80% - 89% = B
70% - 79% = C
65% - 69% = D
Below 65% = F

10-23-84

LEGEND FOR CURRICULUM CODING

I. Content threads are coded superiorly while Process threads are coded inferiorly.

Content Threads	Process Threads
o Adaptation	▲ Teaching-Learning
▱ Safety	■ Communication
△ Growth and Development	● Nursing
▬ Nutrition	▲ Management
▱ Pharmacology	
✕ Subsystems	
▯ Pathophysiology	

II. Course Competencies are referenced back to program goals as evidenced by numbers in the left margin.

Unit and Weekly Objectives are referenced back to cumulative Course Competencies as evidenced by numbers in the left margin.

NS 207 - Utilization of Skills in the Care of Patients with Deviations in Psychosocial Adaptation

Unit I - Overview of Nursing Care for Patients with Deviations in Psychosocial Adaptation

34 1. Relate prominent historical developments in the care of patients with psychosocial health deviations to current methods of care.

11,34, 35 2. Describe the various treatment modalities used in the care of patients with psychosocial health deviations and the implications of each relative to (your 5) nursing practice roles.

33,34 3. Correlate the appropriate mode(s) of nursing intervention with identified treatment modality(ies).

2,12,36 4. Identify the stages of growth and development and external and/or internal stressors associated with each stage.

11,35, 38,39 5. Indicate practice roles which will encourage the development of a therapeutic environment and promote, restore or maintain psychosocial adaptation of individual patients.

3,10,18, 27,33,37 6. Utilize the steps of the decision-making process to design a nursing care plan for a patient experiencing psychosocial health deviation.

33,37, 38,39 7. Formulate a nursing care plan with consideration of physical safety and rights of privacy for patients with psychosocial health deviations.

Mereness' - pp. 27 - 31, (31 - 41), 41 - 42, (42 - 49), 49 - 51, 65 - 83, 524 - 538, (579 - 586), 587 - 595, (596 - 600), 605 - 621.

A-Vs - Psychopathologies: Descriptions and Interventions FS 878
I. Abnormal Behavior: Origins

INTERPERSONAL TECHNIQUES

Therapeutic Techniques	Examples
1. Using Silence	
2. Accepting	Yes. Uh Hum. I follow what you said. Nodding.
3. Giving Recognition	Good morning, Mrs. S. You've tooled a leather wallet. I notice you have combed your hair.
4. Offering Self	I'll sit with you awhile. I'll stay with you here. I'm interested in your comfort.
5. Give Broad Openings	Is there something you'd like to talk about? What are you thinking about? Where would you like to begin?
6. Offering General Leads	Go on. And then? Tell me about it.
7. Placing the Event in Time or in Sequence	What seemed to lead up to . . . ? Was this before or after . . . ? When did this happen?
8. Making Observations	You appear tense. Are you uncomfortable when you . . . ? I notice that you're biting your lip? It makes me uncomfortable when you ...?
9. Encouraging Comparison	Was this something like . . .? Have you had similar experiences?
10. Encouraging Description of Perceptions	Tell me when you feel anxious. What is happening? What does the voice seem to be saying?
11. Restating	Patient: I can't sleep. I stay awake all night. Nurse: You have difficulty sleeping. Patient: The fellow that is my mate died at war and is pending yet to marry. Nurse: You were going to marry but he died during the war.
12. Reflecting	Patient: Do you think I should telephone the doctor? Nurse: Do you think you should? Patient: My brother spends all my money and then has the nerve to ask for more. Nurse: This caused you to feel how?

Therapeutic Techniques	Examples
13. Focusing	This point seems worth looking at more closely
14. Exploring	Tell me more about that. Would you describe it more fully? What kind of work?
15. Giving Information	My name is . . . ? Visiting hours are . . . My purpose in being here is . . . I'm taking you to the . . .
16. Seeking Clarification	I'm not sure that I follow. What would you say is the main point?
17. Presenting Reality	I see no one else in the room. That sound was a car backfiring. Your mother is not here; I am the nurse.
18. Voicing Doubt	Isn't that unusual? Really? That's hard to believe?
19. Seeking Consensual Validation	Tell me whether my understanding agrees with yours.
20. Verbalizing the Implied	Patient: I can't talk to you or to anyone. It's a waste of time. Nurse: Is it your feeling that no one understands? Patient: My wife pushes me around like my sister and mother. Nurse: It is your impression that all women are domineering?
21. Encouraging Evaluation	What are your feelings in regard to this? Does this contribute to your discomfort?
22. Attempting to Translate into Feelings	Patient: I'm dead. Nurse: Are you suggesting that you feel lifeless? OR Is it that life seems without meaning?
23. Suggesting Collaboration	Patient: I'm way out in the ocean. Nurse: It must be lonely. OR You seem to feel deserted.
24. Suggesting Collaboration	Perhaps you and I can discuss and discover what produces your anxiety.
25. Summarizing	Have I got this straight? You've said that . . . ? During this past hour you and I have discussed . . .
26. Encouraging Formation of a Plan of Action	What could you do to let your anger out harmlessly? Next time this comes up, what might you do to handle this?

INTERPERSONAL TECHNIQUES

Nontherapeutic Techniques	Examples
1. Reassuring	I wouldn't worry about . . . Everything will be all right. You're coming along fine.
2. Giving Approval	That's good. I'm glad about you.
3. Rejecting	Let's not discuss . . . I don't want to hear about . . .
4. Disapproving	That's bad. I'd rather you wouldn't.
5. Agreeing	That's right. I agree.
6. Disagreeing	That's wrong. I definitely disagree with . . . I don't believe that.
7. Advising	I think you should . . . Why don't you . . . ?
8. Probing	Now tell me about . . . Tell me about your life history.
9. Challenging	But how can you be President of the United States?
10. Testing	What day is this? Do you know what kind of hospital this is? Do you still have the idea that . . . ?
11. Defending	This hospital has a fine reputation. No one here would lie to you. But Dr. B. is a very able psychiatrist. I'm sure that he has your welfare in mind when he . . .
12. Requesting an Explanation	Why do you think that? Why do you feel this way? Why do you feel that? Why do you do that?
13. Indicating the Existence of an External Source	What makes you say that? Who told you that you were Jesus? What made me do that?
14. Belittling Feelings	Patient: I have nothing to live for — I wish I were dead. Nurse: Everyone gets down in the dumps. OR I've felt that way sometimes.

Nontherapeutic Techniques	Examples
15. Making Stereotyped Comments	Nice weather we are having. I'm fine and how are you? It's for your own good. Keep your chin up. Just listen to the doctor and take part in the activities -- you will be home in no time.
16. Giving Stereotyped Comments	Patient: I'm an Easter egg. Nurse: What shade? OR You don't look like one.
17. Using denial	Patient: I'm nothing. Nurse: Of course you are something. Everybody is somebody.
18. Interpreting	What you really mean is . . . Unconsciously you're saying . . .
19. Introducing an Unrelated Topic	Patient: I'd like to die. Nurse: Did you have visitors this weekend?

PATIENT RIGHTS

BASIC HUMAN RIGHTS
Privacy and dignity
The least restrictive condition to achieve purposes of hospitalization
Be free from unnecessary or excessive medication
Be free from physical restraint and isolation

PERSONAL RIGHTS
Right to communicate freely by mail and telephone
Same right to visitation as patients in other hospitals: unrestricted right to visit with attorneys, private physicians, and other health professionals; right to wear own clothes, keep and use own personal possessions
Religious worship for those who so desire
Children have right to public education
Confidentiality of ALL clinical records

CITIZENS RIGHTS
The right to vote in all types of elections
Same civil, political, personal, and property rights as any other person

RIGHTS RELATED TO HEALTH, MEDICAL TREATMENT
Regular physical exercise several times a week
Be outdoors at regular and frequent intervals
Receive prompt and adequate medical treatment
Treatment shall be individualized and the patient shall participate in the treatment plan to the maximum extent possible and have information regarding diagnosis, care plan, medications (include side effects) and other treatment alternatives
Right to examine his own records
Right not to be subjected to experimental research without the express informed consent of the patient (or) of his guardian or next of kin
Right not to be subjected to any unusual or hazardous treatment procedures without their express and informed consent after consultation with counsel or interested party of the patient's choice

RIGHTS RELATED TO COURT PROCEDURES
Habeas Corpus
Right to have attorney and representation
Right to appeal of all court decisions/orders
Court records will be sealed after all court proceedings
Right to appear at court hearings regarding his/her status
Right to obtain protection order to stop treatment from court

HOSPITAL HAS THE OBLIGATION
To give treatment regardless of the right to pay
To supply an adequate allowance of clothing to any patient who does not have suitable clothing of his/her own
To make provision for the laundering of the patient's clothing
To provide with adequate supervision, suitable opportunities for the patient's interaction with members of the opposite sex

DEFENSE MECHANISMS

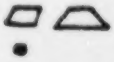
1. COMPENSATION: putting forth extra effort to achieve in the area in which there is a real or imagined deficiency.
2. CONVERSION: the unconscious expression of a mental conflict by means of a physical symptom.
3. DENIAL: treating obvious reality factors as though they do not exist because they are consciously intolerable.
4. DISPLACEMENT: transferring unacceptable feelings aroused by one object or situation to a more acceptable substitute.
5. DISSOCIATION - walling off certain areas of the personality from consciousness.
6. FANTASY: satisfying needs by daydreaming.
7. FIXATION: never advancing the level of emotional development beyond that in which one feels comfortable.
8. IDEALIZATION: conscious or unconscious overestimation of another's attributes.
9. IDENTIFICATION: attaching to one's self certain qualities associated with others. Operates unconsciously and is significant mechanism in superego development.
10. INTROJECTION: incorporating the traits of others; internalizing the feelings toward others.
11. ISOLATION: separating thought and affect allowing only the former to come to consciousness. It is a compromise mechanism.
12. PROJECTION: unconsciously attributing one's own acceptable qualities and emotions to others.
13. RATIONALIZATION: attempting to justify or to make consciously tolerable by plausible means, feelings, behaviors, and motives that would otherwise be intolerable.
14. REACTION FORMATION: expressing unacceptable wishes or behavior in socially acceptable manner.
15. REGRESSION: going back to an earlier level of emotional development and organization.
16. REPRESSION: unconsciousness involuntary forgetting of unacceptable or painful thoughts, impulses, feelings or acts.
17. SUBLIMATION: directing energy from an unacceptable drive into socially acceptable behavior.
18. SUBSTITUTION: unconsciously attempting to make up for a deficiency in one area by concentrating efforts in another area that is more attainable.
19. SUPPRESSION: the conscious, deliberate forgetting of unacceptable or painful thoughts, impulses, feelings, or acts.
20. SYMBOLISM: using an object or idea as a substitute or to represent some other object or idea.
21. UNDOING: thinking or doing one thing for the purpose of neutralizing something objectionable which was thought or done before.

NS 207 Utilization of Skills in the Care of Patients with Deviations in Psychosocial Adaptation

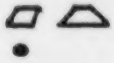
Unit II - Promotion, Maintenance and/or Restoration of Psychosocial Adaptation through Administration of Chemo-Therapeutic Agents and Psychosocial or Physical Therapies

Ns 111,127; 2,5

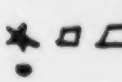
1. Cite broad classifications of chemotherapeutic agents used for patients with psychosocial health deviations.

2,5 

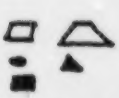
2. Differentiate between major and minor tranquilizers relative to appropriate nursing care for the administration of these agents.

2,5 

3. Describe classifications of antidepressant medications and the necessary precautions and nursing measures required for their safe administration.

2,5 

4. Contrast the effects of CNS depressants and CNS stimulants on the biological subsystem.

11,35,39; 2,5 

5. Apply knowledge of chemotherapeutic agents to teaching-learning situations with patients.

11,34,35

6. Compare forms of psychosocial therapies and nursing roles and strategies specific to each for patients with psychosocial deviations of adaptation.

11,34,35

7. Define classifications of physical (somatic) therapies and appropriate nursing strategies required for their implementation.

Mereness' pp. 501 - 522.

Hahn: pp. 142 - 185, 222 - 228, 308 - 354

A-V: Depression: (5) Psychopharmacological Treatment
(6) Psychotherapies
(7) Psychotherapies to ECT

ANTIPSYCHOTIC DRUGS

Drug	Trade Name	Range of Daily Dose in Mg.
Phenothiazines		
Chlorpromazine	Thorazine	100-1500
Triflupromazine	Vesprin	50-200
Thioridazine	Mellaril	100-800
Carphenzine	Proketazine	50-400
Acetophenazine	Tindal	40-80
Thiopropazate	Dartal	30-150
Trifluperazine	Stelazine	6-50
Butaperazine	Repoise	10-100
Fluphenzine	Prolixin, Permitil	2-10
Piperacetzine	Quide	10-180
Prochlorperazine	Compazine	30-150
Perphenzine	Trilafon	12-64
Butyrophenones		
Haloperidol	Haldol	4-40
Thioxanthenes		
Chlorprothixene	Taractan	100-600
Thiothixene	Navane	10-80

ANTIPSYCHOTIC SIDE EFFECTS

Type	Comment
Central Nervous System	
Parinsonian type	
1. Parinsonian syndrome	Reduce dose, use antiparinsonian drugs
2. Dystonia reaction	Use parenteral antiparinsonian drugs
3. Akathisia (restlessness)	Use antiparinsonian drugs
Tardive Dyskinesia	Late-appearing drug syndrome
Seizure (rare)	Dose-related
Sedation	Usually rapid onset; patient develops tolerance
Behavior Toxicity	Reduce dose
Autonomic	
Orthostatic hypotension	Warn patient

ANTIPSYCHOTIC SIDE EFFECTS

Type	Comments
Anticholinergic	
Dry mouth	
Tachycardia, aggravation of glaucoma, blurred vision, impaired bowel or bladder function	
Inhibition of ejaculation	Generally occurs with thioridazine
Allergic	
Cholestatic jaundice	Preceded by flu-like syndrome in first month of treatment
Agranulocytosis	Often present as sore throat and high fever in first three months of treatment
Eosinophilia	Occurs early in treatment, benign
Contact dermatitis	
Photosensitivity	Occurs most frequently with chlopromazine
Metabolic	
Weight gain	
Edema	
Lactation, Gynecomastia	
Menstrual irregularities	
Skin and Eye	
Pigmentary retinopathy	
Pigmentation of skin and eye (cornea and lens)	Occurs with high doses of thioridazine Long-term, high dose of chlorpomazine

ANTIDEPRESSANTS

Drug	Trade Name	Daily Dose in Mg.
Imipranine	Tofranil	75-300
Amitriptyline	Elavil	75-250
Desipramine	Norpramin, Pertofrane	75-200
Nortiptyline	Aventyl	40-150
Protriptyline	Vivactil	15-60
Doxepin	Sinequan	200-300
MAO Inhibitors		
Tranylcypromine	Parnate	20-60
Phenelzine	Nardil	45-60
Isocarboxazid	Marplan	20-60

ANTIDEPRESSANT SIDE EFFECTS

Type	Comment
Tricyclic Antidepressants	
1. Behavioral	
Aggravation of psychosis	Unusual
Shift of depression to mania	
2. Central nervous system	
Tremor	
3. Autonomic	
Dry mouth, aggravation of glaucoma, bowel and bladder paralysis, edema	
EKG changes	Arrhythmia can be severe in overdose.
4. Allergic	
Cholestatic jaundice	Rare
Agranulocytosis	Rare
MAO Inhibitors	
1. Behavioral	
Same as above plus excitement	
2. Central nervous system	
Same as above plus	MAO inhibitors withdrawn
Hypertensive crisis	Avoid cheese or other foods with high
Intracerebral hemorrhage	tyramine or pressor amine, such as
Hyperpyrexia	amphetamine, cold remedies
Peripheral neuropathy	Avoid MAO inhibitors with tricyclic drugs
3. Autonomic	
Same above	
4. Allergic	
Same as above plus	
Hepatocellular jaundice	Very rare (not proven to be causative)

MINOR TRANQUILIZERS

Drug	Trade Name	Range of Daily Dose in Mg.
Chlordiazepoxide	Librium	15-100
Diazepam	Valium	5-30
Oxazepam	Serax	30-120
Meprobamate	Miltown, Equanil	800-1600
Tybamate	Solacon, Tybatran	750-3000
Doxepin	Dinequan	75-300

NS 207 Utilization of Skills in the Care of Patients with Deviations of Psychosocial Adaptation

Unit III - Theories of Behavior and Implications for Utilization of Skills in the Care of Patients with Psychosocial Deviations of Adaptation

34 — 1. Describe the contribution of the following individuals as they relate to theories of behavior: Freud, Sullivan, Erikson, Piaget.

2,11,33 34,35,36 — 2. Incorporate knowledge of theories of behavior when designing a nursing care plan to facilitate a therapeutic relationship with a patient experiencing a psychosocial health deviation.

Unit IIIA - Deviations of Feeling States

2,12,36, 40 — 1. Distinguish between major areas of feeling state deviations.

11,12,33, 34,35,36 — 2. Identify appropriate nursing roles and/or modes required in a therapeutic relationship with a patient experiencing a feeling state deviation.

Unit IIIB - Stressors and Psychosocial Deviations of Crisis

1,12,40, — 1. Define stress as it relates to psychosocial health deviations.

1,2,36 — 2. Describe internal and external stressors which may precipitate deviations in psychosocial adaptation.

33,34,35, 11 — 3. Compare nursing strategies required to function in practice roles when caring for patients experiencing expected and unexpected crises.

34 — 4. Delineate methods of crisis intervention.

Unit IIIC - Deviations of Thinking States

2,12,40 — 1. Explain the primary defense mechanisms which seek to promote, maintain or restore psychosocial adaptation.

2,12,33, 34,35 — 2. Relate defense mechanisms being used by a patient to development of nursing strategies for psychosocial health deviations.

33,40 — 3. Identify signs indicative of a depressive state of psychosocial adaptation.

33,34 — 4. Describe nursing strategies necessary to implement a plan of care for a patient in a depressive state.

Unit IIIC - Continued

33,34,40		5. Contrast a depressive state with that of a manic-depressive state relative to required nursing strategies.
33,40		6. Differentiate between neurotic deviations of psychosocial adaptation and psychotic deviations of psychosocial adaptation.
33,40		7. Outline patient behaviors associated with neurotic and psychotic deviations of adaptation.
11,33,34, 35,38,39, 40		8. State the appropriate nursing practice role and mode of intervention for patients with neurotic and psychotic deviations of adaptation.
33,40		9. Compare the major types of schizophrenia and behaviors associated with each.

Unit IIID - Psychophysical Deviations of Adaptation

2,7 33, 40		1. List common manifestations of psychophysical deviations of adaptation.
11,12,33, 34,40		2. Select nursing strategies which will promote or restore adaptation of patients with biological and psychological subsystem deviations.

Mareness': pp. 55 - 66, (67 - 83), 85 - 96, 107 - 109, 141 - 158, 231 - 250, 270 - 278, 301 - 314, 451 - 468.

Miller/Keen: pp. 777 - 778, 934 - 935

A-Vs: Psychopathologies: Descriptions and Interventions FS 878

Anxiety Disorders - Part I
Anxiety Disorders - Part II
Personality Disorders
Schizophrenia: Causation
Schizophrenia: Symptomatology
Schizophrenia: Acute Care
Schizophrenia: Rehabilitation

Depression: FS 907
Faces of Depression
Signs and Disguises of Depression
Roots of Depression
Biochemistry of Depression

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 207

NEUROSIS	PSYCHOSIS
1. Regards himself as ill although he often interprets his illness as physical rather than psychological (particularly true of conversion hysteria).	1. Less commonly complains of being ill in fact may consider himself not ill at all.
2. May complain of nervousness, insomnia, etc. Present a variety of somatic symptoms, palpations, blushing, sweating, anorexia, pain, etc.	2. Any symptoms the psychotic presents are usually presented delusionally and are bizarre in nature (out of reality).
3. Often exploits his symptoms for secondary gain.	3. Acquires no secondary gain from his illness.
4. Makes considerable effort to maintain behavior that is consonant with what society expects of one who is psychologically healthy or of one who is physically sick and, to considerable extent, succeeds in this effort.	4. Either makes much less effort or has less capability to maintain socially acceptable behavior.
5. I.P.R.'s may range through dependent, changing, demanding exacting, hostile, quarrelsome, provactive, seductive, ingratiating, inhibited, etc. In general, these ways of relating are exaggerations of qualities of relating that occur from time to time in healthy persons.	5. Not only has great difficulty relating at all, but also he is difficult to relate to
6. In work and social adjustment is capable of effective performance.	6. Not only lacks effectiveness in work and social relations, but is too varying (unaware of his failure in these areas).

7. Reality testing kept relatively intact and only reduces his contact with objects; external environment within a realitively circumscribed sphere (ego functions) distinguish between reality and imagination (external). Does not deny the existence of reality; he merely tries to ignore it.	7. To a large degree both relinquishes reality testing, reduces contact with external objects which are perceived as dangerous, threatening, or ungratifying. Denies reality and tries to substitute something for it (reality too painful so withdraws).
8. Utilizes regression to a less sweeping and extreme degree.	8. Utilizes regression.
9. Defenses against anxiety are largely substitutive. Utilizes less primitive defense mechanisms. Makes greater use of repression, displacement, identification, rationalization, isolation, and undoing.	9. May use the same mechanisms as neurotic but also uses introjection, denial, and projection to a greater extent than does the neurotic.
10. In general follows the rules of secondary thought process.	10. Thinking characterized by primary thinking.
11. Affect displayed with little or no inappropriateness.	11. Affect is likely to be inappropriate to intensity, quality, and timing.
12. Depression, when present, is usually determined by evident environmental factors.	12. Lacks insight and retardation is commonly present.
13. Is always a functional disorder.	13. May be brought on by organic or by psychological factors, or by a combination of the two.
14. Usually do not require hospitalization.	14. Usually requires hospitalization.

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14. Usually requires hospitalization.

UNIT III

MECHANISMS UNDERLYING PSEUDOSUICIDE

Very probably, in many self-destructive attempts there is no actual or realistic desire to achieve the finality of death. Generally, such attempts show some degree of planning or forethought.

In pseudosuicidal attempts there are nonetheless important underlying motives to be uncovered.

1. It can represent a "cry for help" and an attempt to notify others of the presence of a real and serious plight.

2. The attempt is used as a potent and efficient level for cruel manipulation.

3. Its purpose is to encourage attention from others to arouse pity.

4. It represents a type of self-punishment short of death; an expiation for real or imagined wrongdoing.

5. It is symbolic of utter frustration. Such individuals are simply overwhelmed, exhausted, and defeated.

6. Its prime purpose is to punish others; to keep them unsettled and on guard.

7. It represents a tragic end to the misuse of alcohol, drugs, or both.

EIGHT NEEDS EXPRESSED BY MANY SUICIDAL PERSONS

1. The need to trust.

2. The need to be accepted.

3. To succeed and break the failure pattern.

4. To increase one's self-esteem; to need to matter.

5. To broaden one's horizon for pleasure.

6. To integrate into group activities.

7. To improve one's masculine or feminine identity.

8. To increase one's independence and autonomy.

UNIT III

SUICIDE EVALUATION SHEET

Every "yes" answer increases the possibility of suicide.

1. Has the patient sustained a recent loss (of job, friend, money, loved one, status, or part of the body by substractive surgery)? Include miscarriage or postpartum state.

2. Is he isolated from others socially, without friends?

3. Has he ever attempted suicide?

4. Has a member of his family ever attempted suicide?

5. Has he ever been treated for mental illness?

6. Is he old, bereaved, or in physical pain?

7. Does he view suicide as a release?

8. Is he diagnosed as a psychotic?

9. If so, does he hear voices telling him to kill himself?

10. Is he depressed?

11. Has he said he wished to die, or has he failed to perform life-saving acts (refused to give himself insulin, or refused to take digitalis or other medical treatment)?

12. Does he have a history of self-destructive behavior (consistently reckless, accident prone, addicted to alcohol or other drugs, given to self-mutilitation)?

13. Does he lack a religious background that enjoins against suicide?

UNIT III

OPERATIONAL DEFINITION OF SUICIDE

"SUICIDE IS a process of turning anger inward, which results in self-inflicted, destructive action." WHEN CARRIED TO COMPLETION RESULTS IN DEATH.

The steps in the process are:

1. The individual feels a frustration of personal needs.
2. Anger results from frustration.
3. The individual turns anger inward, which causes feelings of GUILT, DESPAIR, INADEQUACY, DEPRESSION, or HOPELESSNESS.
4. As a result of the above, a stressful situation develops.
5. The individual perceives the event or series of events as unbearable.
6. The individual tries to communicate his hopelessness to others.
7. The individual is unable to mobilize hope by himself or through others.
8. The individual decides to terminate his life.
9. The individual develops a plan to carry out the decision--harder to intervene here--patient becomes calm, withdraws, or becomes happier because crisis is resolved.
10. The individual takes some self-induced, destruction action that he knows will end his life.

INTERVENTION CAN TAKE PLACE AT ANY TIME!!!!!

NS 207 Utilization of Skills in the Care of Patients with Deviations in Psychosocial Adaptation

Unit IV - Health Deviations Associated with Substance Abuse

1	1. State the definition of substance abuse.
12,40	2. Describe classifications of abused substances and their potential effects on the biological, psychological, sociological and/or cultural subsystems of the patient with health deviations associated with substance abuse.
2,11,33, 34,35,36, 40	3. Select effective nursing strategies to implement the roles of communicator, teacher, and planner and coordinator of patient care for patients with health deviations associated with substance abuse.
1,33,40	4. Differentiate between substance abuse related to food intake and abuse related to nutritional abstinence.
2,12,40	5. Predict potential outcomes of substance abuse on the patient's biological, psychological, sociological and/or cultural subsystems.

Mareness': pp. 333 - 353, 433 - 435, 438 - 439

Phipps, Long, Woods: pp. 1363 - 1364

VOCABULARY

A
affect
aggression
amnesia
anxiety
autism

C
catatonic
cathexis
complex
compulsion
confabulation
conversion
crisis intervention

D
delusion
denial
depression
double bind

E
echolalia
ESP
euphoria

F
fanasty
fear
fixation
free-floating anxiety

G
group process

H
hallucination
hostility
hysterics

I
identity crisis
illusion
intellectualization
isolation

L
labile
libido

M
malingering
masochism
milieu

N
narcissism
neologism
neurosis

O
obsession
overcompensation

P
personality
phobia
privileged communication
projection
psychiatrist
psycholanalyst
psychodrama
psychologist
psychosomatic
psychosurgery
psychotherapy
pharmacology

R
reaction formation
regression
rehabilition
remotivation
repression
resistance

S
shock treatment
sociopath
suppression

U
unconscious
undoing

W
word salad

NS 207 - Utilization of Skills in the Care of Patients with Deviations in Psychosocial Adaptation

Unit V - Resources Avaliable to Assist the Nurse Practice Role of Planner and Coordinator of Patient Care

34	1. Recall significant social factors which have influenced the care of patients with psychosocial health deviations.
11,33, 34,35	2. Distinguish between the levels of intervention available to patients with deviations of psychosocial adaptation.
11,33, 34,35	3. Relate appropriate nursing role strategies to the identified levels of intervention for psychosocial deviations of adaptation.
11,33, 34,35	4. Identify available community resources to assist with implementation of a nursing care plan for patients with psychosocial deviations of adaptation.

Mereness': pp. 113 - 116, 560 - 569

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 207

SITUATION: Miss Smythe is a 43-year-old white female who was admitted to a medical floor with the diagnosis of a cerebral vascular accident. She is a Catholic, and shortly after admission, the hospital chaplain visited her and administered while she was unconscious the Sacrament of the Sick, "Last Rites." When Miss Symthe regained consciousness and was informed she became exceedingly angry and refused to see the chaplain again. She was very concerned about her care and frequently talked about leaving the hospital, but at the same time refused to participate in her care. A student was assigned to care for Miss Symthe. The following dialogue took place during morning care.

Dialogue in Interaction	Comments
Nurse: Good Morning, Miss Smythe, my name is Miss Rosario and I will be caring for you this morning.	Giving information. Stating purpose.
Miss Smythe: Rosario, Rosario, that's Italian, isn't it? You're a Catholic, aren't you? I'm a Catholic, too. Do you know what the church did to me? They gave me the Last Rites. I'm dead already and I don'tknow it. They knew it!	
Nurse: You really seem upset this morning.	Reflection of feeling.
Miss Smythe: Yes! Yes, I am! You'd be upset too if they did that to you.	
Nurse: Tell me more about what's been happening.	Exploring to encourage verbalization of feeling.
Miss Smythe: I told you! They gave me the Sacrament of the Dead while I was unconscious.	
Nurse: The Sacrament of the Dead? I'm not sure what you mean.	Asking for clarification
Miss Smythe: You know, the last Sacrament they give you when you are dying. I'm not dead yet.	
Nurse: The fact that you received the Sacrament must have been very frightening.	Validating impression

(Miss Smythe begins to cry.)

(Nurse moves chair to bedside, sits down and remains with patient as she cries.)

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Chattanooga, Tennessee
Nursing Division

NS 207
NURSE-PATIENT RELATIONSHIP; COMMUNICATIONS
Vocabulary List

1. affect
2. capacity for abstraction
3. catharsis
4. circumstantiality
5. cognitive
6. confusion
7. counter transference
8. echolalid
9. empathy
10. flight of ideas
11. halo effect
12. insight
13. labile
14. loose associations
15. mental status exam
16. orientation
17. perseveration
18. pressured speech
19. rapport
20. stereotype
21. sympathy
22. tangentiality
23. therapeutic relationship
24. thought blocking
25. transference
26. word salad

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 207

CHARTING IN THE PSYCHIATRIC SETTING

BASIC PRINCIPLES:

1. Record accurately, using concise, simple language.
2. Be objective and nonjudgemental.
3. Give concrete examples (for examle, what was the behavior that suggested hostility).
4. Quote exactly what a client says. This is especially important in reporting delusions and hallucinations.

AREAS OF REPORTING AND CHARTING:

General Behavior:

Changes in behavior
Ways of relating to staff, patients, visitors.
Involved in unit activities or tending to be seclusive.
Personal hygiene.
Giggling and laughing inappropriately.
Refusing medication.

Seeking attention from the staff.
May be experiencing memory defects.
Seemed to be hallucinating.
Tends to withdraw. (Give example.)

PATTERNS OF COMMUNICATION

Circumstantial
Tangential
Incoherent
Mute
Demonstrates blocking
Slurred speech
Flight of ideas
Loose association

CONTENT OF COMMUNICATION

Any problems, plans, ideas, hopes, or complaints the client discusses that may be important as far as his progress or treatment plan is conceived.

AFFECT

Flat affect
Inappropriate affect
Seems depressed
Seems apathetic
Seems anxious
Seems preoccupied
Seems hostile

PHYSICAL SIGNS & SYMPTOMS

Any physical signs and symptoms, if significant
- sore throat
- appetite changes
- constipation
- skin rash
- edema
- unusual gaits, fine hand tremor (OR any EPS)

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Chattanooga, Tennessee
Nursing Department

CLINICAL BEHAVIORS FOR NS 207

Legend: N/A Not Applicable or not Observed
1 Consistently Unsafe
2 Consistently Safe
3 Consistently Safe and Able to Adapt Delivery of Nursing Care

* Critical Behavior

I. Role as a Provider of Direct Patient Care

A. Assessment

		N/A	1	2	3
2,3,7,11 33,35,37, 38	1) Collect data according to established protocol utilizing available resources.				
1,2,3,7, 11,15,35, 36,37,38	2) Identify and document changes in the patient's state of adaptation.				
	a) Compare present state of psychosocial adaptation with previously recorded state of adaptation.				
	b) Identify alterations in the patient's psychosocial state of adaptation.				
	c) Recognize the effects of external and internal stressors on the psychosocial subsystem of holistic man.				

B. Analysis

2,3,7,10, 11,12,35	1) Establish a nursing diagnosis based on the patient's state of adaptation.				

C. Planning

11,13,15, 18,35	*1) Establish priorities of care based on the nursing diagnosis.				
11,13,15, 18,35	2) Set goals and develop objectives in conjunction with the patient or a significant other.				

C. Planning - Continued

	N/A	1	2	3
2,11,13, 15,18,35 ☐ △ ● 3. Develop individualized nursing care plans based upon the nursing diagnosis and identify strategies for implementation according to established protocols.				
*a) Formulate a nursing care plan with consideration of physical safety and rights of privacy for a patient with psychosocial health deviations.				
b) Identify treatment modality(ies) in use in the hospital setting.				
c) Select nursing strategies for care of patients consistent with identified treatment modality.				
d) Indicate the rationale underlying the choice of selected nursing strategies.				

D. Implementation

11,13,27, 33,35 ● 1) Initiate and complete strategies.				
*a) Implement nursing strategies utilizing principles of patient safety and protection of patient's rights.				
b) Implement appropriate strategies for patients with deviations of feeling states.				
c) Identify defense mechanisms used by a patient for psychosocial adaptation.				
d) Implement appropriate strategies for a patient with a depressive state of adaptation.				
e) Differentiate neurotic and psychotic deviations of adaptation				
f) Implement appropriate strategies for patients with psychophysical deviations of adaptation.				
g) Involves the patient or significant other in implementation of nursing strategies.				

D. Implementation - Continued

		N/A	1	2	3
11,33,34, 35	2) Use psychomotor, cognitive and affective skills to promote, maintain or restore the patient's optimum steady state of adaptation.				
	a) Classify chemotherapeutic agents administered to patients with psychosocial health deviations.				
	b) State required nursing intervention and precautions for each chemotherapeutic agent administered.				
	c) Differentiate between appropriate and nonappropriate responses of the patient receiving chemotherapeutic agents.				
	*d) Administer accurately chemotherapeutic agents to patients with psychosocial deviations of adaptation.				
	e) Assist with forms of psychosocial therapies utilizing appropriate nursing strategies.				

E. Evaluation

11,13,33, 35	1) Compare the patient's state of adaptation with previously defined objectives and goals.				
11,13,15, 33,35	2) Identify alternate strategies to promote, maintain or restore the patient's optimum steady state of adaptation, modify the plan of care accordingly and document changes.				

II. Role as a Communicator

		N/A	1	2	3
35,37,38	1) Assess verbal and nonverbal communication of patients or significant others.				
2,7,11,13, 15,35,37, 38	2) Use communication skills as a method of data collection, implementation of strategies and evaluation of care.				
7,11,13, 15,35,37, 38	3) Establish and maintain effective communication with individual patients and health team members and evaluate effectiveness of this communication.				
	a) Records interactions appropriately.				
	*b) Records accurately observations and responses of patient in patient's chart.				
	*c) Adapt communicative skills as required to establish and maintain a therapeutic relationship with a patient experiencing a psychosocial health deviation.				
11,15,35, 37	4) Use appropriate referral sources to promote, maintain or restore the patient's optimum steady state of adaptation.				

III. Role as a Patient Teacher

11,15,35, 39	1) Identify situations in which individual patients need information to promote, maintain or restore the optimum steady state of adaptation.				
2,3,11,15, 35,37,39	2) Assess patient's level of development, knowledge and readiness.				
2,3,11,15, 35,37,39	3) Develop or adapt short-range teaching plans for implementation with individual patients.				
2,3,11,15, 35,37,39	4) Implement teaching plans with individual patients.				
2,3,11,15, 35,37,39	5) Evaluate the patient's learning and modify teaching plans accordingly.				

IV. Role as a Planner and Coordinator of Patient Care

		N/A	1	2	3
3,11,13, 15,33,37	*1) Assess and establish priorities of nursing care.				

V. Role as a Member within the Profession of Nursing

9,11,33	1) Demonstrate accountability for technical nursing practice within the profession's ethical and legal framework.				
	*a) Protects the patient's right of privacy.				
8,9,11, 33	2) Assess own performance using established criteria.				
8,9	5) Assume responsibility for continued learning as a means of growth, development and maintenance of competencies within the scope of practice.				

SAFE = A score of 2 on all critical behaviors and an average of 2 for all behaviors.

UNSAFE = A score of 1 on any critical behaviors or an average of less than 2 for all behaviors.

Comments:

Student Signature

DATE:

Instructor Signature

DATE:

ERIC CLEARINGHOUSE
FOR JUNIOR COLLEGES
OCT 1 8 1985